

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARBOR HOUSE (0009351)

Address: 7135 GREEN BAY RD, KENOSHA, WI 53142

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0097058 **End Date:** 05/22/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011860 Served 06/02/2006

Deficiencies Cited

83.21(4)(p)

83.33(4)

Subject Area

PROMPT AND ADEQUATE TREATMENT

CLIENT GROUP SPECIFIC SERVICES

Compliance
Verified

Corrected

Survey ID: 0096452 **End Date:** 02/15/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008894 Served 03/08/2006

Deficiencies Cited

83.21(4)(p)

83.33(3)(a)1

Subject Area

PROMPT AND ADEQUATE TREATMENT

PRACTITIONER'S WRITTEN ORDER FOR MEDS

Compliance
Verified

05/22/2006

05/22/2006

Corrected

No

Yes

Survey ID: 0095709 **End Date:** 10/03/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0092394 **End Date:** 04/15/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 05/31/2006 **SOD #10011860** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(p)

FORFEITURE---83.33(4)

Date: 03/06/2006 **SOD #10008894** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(p)

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Provider Inspection Summary

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 04/24/2006

Date Investigation Completed: 05/22/2006

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
10011860

Date Complaint Received: 04/11/2006

Date Investigation Completed: 05/22/2006

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
10011860

Date Complaint Received: 11/07/2005

Date Investigation Completed: 02/15/2006

Subject Area(s)
MEDICATIONS
STAFF ADEQUACY

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
10008894

Date Complaint Received: 09/08/2003

Date Investigation Completed: 04/15/2004

Subject Area(s)
ABUSE

Result
SUBSTANTIATED

SOD #
NOT RECORDED

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